CONGRESSIONAL INTERNSHIP APPLICATION

I. Personal Information		
Name:(Last)		
(Last)	(First)	(Middle)
Preferred name (if different from above): _		
Preferred Internship (indicate year): summ	er fall semester	_ spring semester
Date of birth:	Social Security Number:	
Permanent Address:(Street)		
(Street)	(Apt.)	
(City, state, zip+4)	(County)	
Phone number:	E-mail Address:	
ell Phone: Are you a US Citizen? Y / N		/ N
Are you a legal resident of the Sixth Congr	essional District of North Carolina	? Y / N
Father's name:		
Father's Address:(Street)	(Apt.)	
(City, state, zip+4)	(County)	
Father's Employer:	er's Employer: Work Number:	
Mother's Name:		
Mother's Address:(Street)	(Apt.)	
(City, state, zip+4)	(County)	 !
Mother's Employer:	Work Number:	

II. **High School/College Information:** School: Phone Number: ______ Year you will graduate: _____ Major/Degree Program (if college student): III. Extracurricular Activities: List any academic honor societies to which you belong: ______ List any significant offices you have held since entering ninth grade: ________ In what non-athletic, extracurricular activities have you participated since entering ninth grade? _____ Describe your computer skills, including programs with which you are familiar and the level of proficiency you possess: __ Describe any job experience you have had: List your primary interests and hobbies: ______

IV.	Essay:
	e a brief character sketch of yourself. Include your basic attributes and those qualities that you eve are your strengths.
V.	Recommendation Forms:
	 Have a teacher, coach or employer who is not related to you complete the enclosed recommendation form with his/her signature across the sealed envelope flap. Have one other person that knows you well, but is not related to you complete the personal recommendation form with his/her signature across the sealed envelope flap. Return recommendation forms with your completed application to:
PO I	gressman Mark Walker Box 10072 ensboro, NC 27404 N: Olga Perkins
VI.	Signature:
	The following information on this form and any attachments or enclosures to it are true, complete, and ect to the best of my knowledge.
	(Signature) (Date)

Questions? Please contact Congressman Walker's Greensboro District Office at (336) 333-5005 or by e-mail at olga.perkins@mail.house.gov

Personal Recommendation

The person who has asked you for a recommendation is applying to my office for a position as a Congressional Intern. The answers you give will be used in the selection process. Please place the completed recommendation form in a sealed envelope, sign your name across the flap, and return to the applicant. Thank you for taking the time to complete this form.

Name of Applicant:			
	(Last)	(First)	(Middle)
How long have you know	n the applicant and in	what capacity?	
What do you consider to	be the applicant's tale	nts or strengths?	
		ses to be?	
In your opinion, does the applicant to be trustworth		character and moral values?	Do you consider the
How does the applicant I	nandle stressful situation	ons?	
Do you have any reserva		nding the applicant for a position	on as a Congressional

Please feel free to make any additional comments:	
Please print or type the following information:	
Name:	Title:
Name of School:	
Address of School:	
Phone Number:	Date:
Your signature:	

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Teacher/Coach/Employer Recommendation

The person who has asked you for a recommendation is applying to my office for a position as a Congressional Intern. The answers you give will be used in the selection process. Please place the completed recommendation form in a sealed envelope, sign your name across the flap, and return to the applicant. Thank you for taking the time to complete this form.

Name of Applicant:			
	(Last)	(First)	(Middle)
How long have you know	n the applicant and in	what capacity?	
What do you consider to	be the applicant's tale	nts or strengths?	
What do you consider the	e applicant's weakness	ses to be?	
In your opinion, does the	applicant show good	character and moral values?	Do you consider the
applicant to be trustworth	y?		
How does the applicant h	andle stressful situation	ons?	
Do you have any reserva		nding the applicant for a positi	on as a Congressional

Please feel free to make any additional comments:	
Please print or type the following information:	
Name:	Title:
Name of School:	
Address of School:	
Phone Number:	Date:
Your signature:	

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